

Proposed Staging of Populations and Services (October 1, 2010)

This proposed staging of the populations and services was preliminarily approved by the DMC with the following reservations:

1. The DMC has not seen the actuarial analysis of this proposal; the DMC expects this proposed staging to evolve with further analysis.
2. Key implementation decisions have yet to be made:
 - “Parents and Children,” included as a mandatory population, is known to include children with special needs. Decisions need to be made on how to make sure these children are identified so they are appropriately excluded from mandatory enrollment, in phase 1. (This proposal would allow these children to be enrolled voluntarily.)
 - The proposal distinguishes between “long term” and “short term” institutional and PNMI stays but does not define those terms. These terms will have to be carefully designed to mitigate the incentive to cost-shift between managed services and fee for service.
 - Which \$65 behavioral health services to phase in Year 1 and which to include in Year 2. The intent is to keep “routine” services in Year 1 and wait until Year 2 to bring in non-routine services, but decisions haven’t been made about which services fall into which categories.
 - Treatment of populations receiving a managed home and community based service other than home and community based waiver, such as Private Duty Nursing.
3. Program staff will want to identify priority “in lieu of” services that the Department wants to promote through the RFP process. For example, the Department might want to incent the vendor to provide peer support in lieu of other adult mental health services. Or the Department might want to incent the vendor to provide community-based case management in lieu of residential care for persons with brain injury. This listing of services does not reflect these “in lieu of” services.
4. The proposed mandatory populations will include some adults with specialized service needs, including persons with brain injury, severe and persistent mental illness and persons with substance use disorders. In addition, children with special needs may be voluntarily enrolled. The first phase will need to include special mechanisms to support enrollment of these groups and very clear standards on the management of services, including coordination with fee for service services.

Ideally, the second RFP would provide an advantage to a vendor who has satisfactorily provided services under the first RFP. The goal would be to minimize the likelihood of having different vendors managing different sets of services.

**Proposed Staging of Populations and Services
For Discussion October 12, 2010**

	RFP 1		RFP 2
	Year 1 (2012)	Year 2 (2013)	Year 3 (2014)
POPULATIONS			
Mandatory	<ul style="list-style-type: none"> Parents and Children (including SCHIP) Non-categorical waiver Blind Disabled Adults (non-duals/not receiving HCBS) ¹ Older adults (non-duals/not receiving HCBS)(see footnote 1) Note: Decision pending on whether or not to exclude adults with serious and persistent mental illness 	Same as Year 1	<ul style="list-style-type: none"> <u>Same as Year 1 Plus</u> Dual-eligibles — People receiving home and community based waiver and state plan services — HIV/AIDS waiver People with other health care insurance Katie Beckett People in NF or ICF-MR All people in PNMI Spend down/medically needy Kids in state custody, foster care, child protective custody, and adoptive assistance Kids with special care needs
Excluded	<ul style="list-style-type: none"> Dual-eligibles People receiving home and community based waiver and state plan services HIV/AIDS waiver With other health care insurance¹ Katie Beckett People in NF or ICF-MR People in long term care PNMI (v. people in short term treatment PNMI) Spend down/medically needy 	Same as Year 1	NA
Voluntary	<ul style="list-style-type: none"> Kids in state custody, foster care, child protective custody, and adoptive assistance 	Same as Year 1	Members of federally recognized tribes

¹ Tentative: may include adults receiving state plan home and community based services, but exclude the HCBS services until Year 3 (decision pending)

² Question: should this group be included in managed care at all? Will depend on how much money is being spent on this group. Katie Beckett kids often have another source of insurance but are also high cost users.

	<ul style="list-style-type: none"> • Kids with special care needs • People who change from non-dual to dual status • People who change status for other reason-? 		
Exemptions	<p>Modified version of permitted exemptions listed under existing PCCM rule. (Some exemptions required under federal or state authority.)</p> <p>Existing PCCM rule:</p> <ul style="list-style-type: none"> • More than 30 minutes to PCP • Homeless • Migrants • Language, etc • Terminal illness • Etc. 	Same as Year 1	Same as Year 1
SERVICES			
Managed Services	<p>Services Currently Managed Under PCCM Program</p> <p>§2 Ambulatory Care Clinic Services <i>Note: Includes school-based health clinics</i></p> <p>§4 Ambulatory Surgical Center Services</p> <p>§7 Free-standing Dialysis Services</p> <p>§14 Advanced Practice Registered Nursing Services</p> <p>§15 Chiropractic Services</p> <p>§31 Federally Qualified Health Center Services</p> <p>§35 Hearing Aids and Services</p> <p>§40 Home Health Services</p> <p>§45 Hospital Services</p> <p>§60 Medical Supplies and Durable Medical Equipment</p> <p>§67 Nursing Facility Services <i>Note: Short-term stays only</i></p> <p>§68 Occupational Therapy Services</p> <p>§75 Vision Services</p> <p>§85 Physical Therapy Services</p> <p>§90 Physician Services</p> <p>§94 Prevention, Health Promotion, and Optional Treatment Services <i>Note: Includes both periodic screening, etc. for general child population & specialized services</i></p>	<p><u>Same as Year 1 PLUS</u></p> <p>Specialized State Plan Services</p> <p>§13 Targeted Case Management Services <i>Note: Only TCM services associated with RFP1 populations & services</i></p> <p>§17 Community Support Services</p> <p>§23 Developmental and Behavioral Clinic Services</p> <p>§28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations</p> <p>§41 Day Treatment Services</p> <p>§43 Hospice Services</p> <p>§65 Behavioral Health Services <i>Note: Non-routine</i></p> <p>§67 Nursing Facility Services</p> <p>§102 Rehabilitative Services</p>	<p><u>Same as Year 2 PLUS</u></p> <p>HCBS, Institutional and Long Term Residential Services</p> <p>§2 Adult Family Care Services</p> <p>§12 Consumer Directed Attendant Services</p> <p>§13 Targeted Case Management Services <i>Note: TCM services associated with RFP2 populations & services</i></p> <p>§19 Home and Community-Based Benefits for the Elderly and for Adults with Disabilities</p> <p>§21 Home and Community Benefits for Members with Mental Retardation or Autistic Disorder</p> <p>§22 Home and Community Benefits for the Physically Disabled</p> <p>§26 Day Health Services</p> <p>§29 Community Support Benefits for Members with Mental Retardation and Autistic Disorder</p> <p>§50 ICF-MR Services</p> <p>§67 Nursing Facility Services <i>Note: Long term stays</i></p> <p>§96 Private Duty Nursing and Personal Care</p>

	<p><i>for children with special health care needs</i></p> <p>§95 Podiatric Services</p> <p>§97 Private Non-Medical Institution Services</p> <p><i>Note: Rehabilitation/treatments PNMI services only</i></p> <p>§103 Rural Health Clinic Services</p> <p>§109 Speech and Hearing Services</p> <p>Plus These Additional Services</p> <p>§5 Ambulance Services</p> <p>§25 Dental Services</p> <p>§30 Family Planning Agency Services</p> <p>§46 Psychiatric Hospital Services</p> <p>§55 Laboratory Services</p> <p>§65 Behavioral Health Services</p> <p><i>Note: Routine</i></p> <p>§67 Nursing Facility Services</p> <p><i>Note: Short-term stays only</i></p> <p>§80 Pharmacy Services</p> <p>§97 Private Non-Medical Institution Services</p> <p><i>Note: Rehabilitation/treatments PNMI services only</i></p> <p>§101 Medical Imaging Services</p> <p>§113 Transportation Services</p> <p>§150 V.D. Screening Clinic Services</p>		<p>Services</p> <p>§97 Private Non-Medical Institution Services</p> <p><i>Note: Long term PNMI services only</i></p>
FFS Services	<p>Specialized Services</p> <p>§2 Adult Family Care Services</p> <p>§12 Consumer Directed Attendant Services</p> <p>§13 Targeted Case Management Services</p> <p>§17 Community Support Services</p> <p>§19 Home and Community-Based Benefits for the Elderly and for Adults with Disabilities</p> <p>§21 Home and Community Benefits for Members with Mental Retardation or Autistic Disorder</p> <p>§22 Home and Community Benefits for the Physically Disabled</p> <p>§23 Developmental and Behavioral Clinic Services</p> <p>§26 Day Health Services</p> <p>§28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations</p>	<p>HCBS Waiver, Institutional and Long Term Residential Services</p> <p>§2 Adult Family Care Services</p> <p>§12 Consumer Directed Attendant Services</p> <p>§13 Targeted Case Management Services</p> <p><i>Note: TCM services associated with RFP2 populations & services</i></p> <p>§19 Home and Community-Based Benefits for the Elderly and for Adults with Disabilities</p> <p>§21 Home and Community Benefits for Members with Mental Retardation or Autistic Disorder</p> <p>§22 Home and Community Benefits for the Physically Disabled</p> <p>§26 Day Health Services</p> <p>§29 Community Support Benefits for</p>	NA

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